TOWN OF EAGAR PLANNING AND ZONING REQUEST FOR VARIANCE AND/OR APPEAL OF ACTION (Refer to chapter 18.92 of the Zoning Ordinance)

Permit No	
Name of Applicant:	
Telephone: ()	Date:
1. Location of Property:	
2. Present Zone:	
3. Proposed Use: (Appeal or V	'ariance from)
4. Filing Fee:	Date Paid:
5. Signature of Applicant:	Date:
6. Zoning Administrator:	Date:
• •	ded to the board of adjustments on:Time:
Place:	
	al within 30 days, and shall give notice of the hearing by fficial newspaper of the Town and by posting the property prior to the hearing.
ACTION BY	BOARD OF ADJUSTMENT ON APPEAL
1. Hearing held: (Date)	
Publication of Notice: (Date	e)
2. Action: a. Affirm action of	Zoning Administrator. Date
	y or modify decision of the Zoning Administrator with iditions or changes:

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The decision of the Board shall be final, provided, however, that any person aggrieved by a decision of the Board or a municipal officer, may at any time within thirty (30) days after the filling of the decision in the office of the Board, petition the court for a writ certiorari

Chair: _____ Date _____

Signed:

for review of the Board's action. Allowance of the writ shall not stay proceedings upon the decision appealed from, but the court may on application, on notice to the Boards, and for cause shown, grant a restraining order, and on final hearing may reverse or affirm, wholly or partly, or may modify the decision reviewed